

Commission Advisory Panel Nomination Form

To serve on a City of San Diego Commission for Arts and Culture Advisory Panel (CAP) for the Organizational Support Program, Creative Communities San Diego Program, or Public Art Program, please submit this form with the appropriate attachments as described below. Self-nominations are accepted. For additional information please contact the Commission at (619) 533-3050 or lsokol@sandiego.gov.

Name: _____

Mailing Address: _____

Day Telephone: _____ **FAX:** _____ **Email:** _____

Organization Affiliation: _____

Title: _____

Check all area(s) of nominee's expertise and circle the three strongest areas:

- | | | |
|--|--|---|
| <input type="checkbox"/> Accounting/Finance | <input type="checkbox"/> Humanities | <input type="checkbox"/> Public Art |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Legal | <input type="checkbox"/> Service Programming |
| <input type="checkbox"/> Arts Administration | <input type="checkbox"/> Literature | <input type="checkbox"/> Theatre |
| <input type="checkbox"/> Business Administration | <input type="checkbox"/> Media | <input type="checkbox"/> Tourism |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Multi-Disciplinary | <input type="checkbox"/> Visual Art |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Museum Management | <input type="checkbox"/> Landscape Architecture |
| <input type="checkbox"/> Festivals | <input type="checkbox"/> Non-Profit Management | <input type="checkbox"/> Urban Design |
| <input type="checkbox"/> Grant Administration | <input type="checkbox"/> Music | <input type="checkbox"/> Other : _____ |

Check nominee's ethnic affiliation and gender (optional):

- | | | |
|--|--|---------------------------------|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Hispanic//Latino/Mexican-American/Chicano | <input type="checkbox"/> Male |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> White/Caucasian/Euro-American | <input type="checkbox"/> Female |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Filipino | | |

Please attach a letter outlining the reasons for your nomination or your interest in participating as a CAP member. Also, please attach the nominee's resume and/or bio to this form. Thank you.

Return this completed form with attachments via:

Email: lsokol@sandiego.gov
Mail: City of San Diego Commission for Arts and Culture
ATTN: CAP Nominations
1010 Second Avenue, Suite 555
San Diego CA 92101-4998
Fax: (619) 533-3788

Please note, all panelists must formally declare conflicts of interest before serving. Artists serving on public art panels are not eligible to apply for the related public art project competitions. Arts Administrators and Board Members will not be assigned to review applications for the same allocations program to which they apply.